

Health Communications / Public Information Intervention Report Form

Name of Contracting Agency:

Intervention Name:

Reporting period begin date:

Reporting period end date:

During this period, we completed the following health communications / public information activities (check each that is applicable for this **specific intervention** and enter the number of items and exposure):

Delivery Method	Outputs <i>complete for each delivery method reported</i>	Activities <i>identify by code number from HC/PI activity list</i>
<input type="checkbox"/> In person	Total Number of presentations from attached HC/PI log sheet:	
<input type="checkbox"/> Internet	Number of email messages sent: Key message: Number of web hits:	
<input type="checkbox"/> Printed materials- magazines/newspapers	Number of ads/articles produced: Number of times printed: Estimated number of persons exposed to material:	
<input type="checkbox"/> Printed materials- pamphlets/brochures	Number of pamphlets produced: and/or Number of pamphlets distributed: and/or Number of direct mailings:	
<input type="checkbox"/> Printed materials- posters/billboards Start date: End date:	Key message: Estimated number of persons exposed to message:	
<input type="checkbox"/> Telephone	Number of hotline callers: And/or Number of callers referred:	
<input type="checkbox"/> Radio <input type="checkbox"/> Television Start date: End date:	Key message: Number of times aired: Estimated number of persons exposed to message:	
<input type="checkbox"/> Video	Number of times shown:	
<input type="checkbox"/> Other	Specify:	